

Provider *Insider*

Alabama Medicaid Bulletin

September 2007

The checkwrite schedule is as follows:

09/07/07 09/14/07 10/05/07 10/19/07 11/02/07

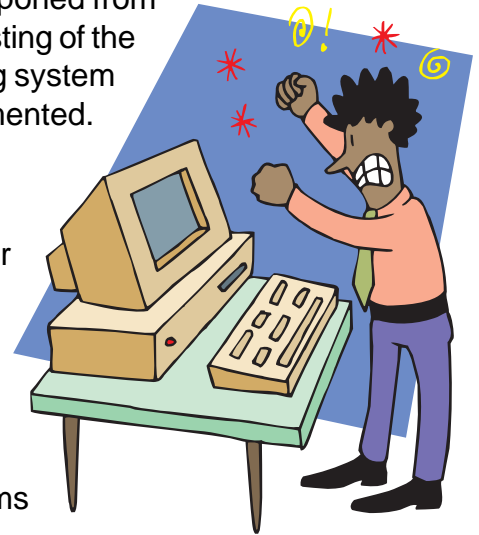
As always, the release of direct deposits and checks depends on the availability of funds.

The New Medicaid Claims Processing System Date Has Been Postponed

The new Medicaid claims processing system date has been postponed from September 17, 2007. Rescheduling of this date will allow continued testing of the new system. Provider training for the new Medicaid claims processing system will be held throughout the state before the new system is implemented. Invitations will be sent prior to the training.

What You MUST do:

1. Continue to use the current claim submission methods with your current provider number until the new implementation date. Claims or other transactions submitted using the National Provider Identifier (NPI) numbers shall not be accepted until the implementation of the new claims processing system.
2. Continue to use the UB-92 and CMS-1500 claim form without NPI information present. Paper claims submitted on the new claim forms shall be returned to the provider without being processed.



Reminder: The new Medicaid system, called interChange, will feature a fully functional web portal and will be fully NPI compliant. If you have not already sent in your NPI information to EDS, please do so immediately. The information can be found on the Medicaid website at: <http://www.medicaid.alabama.gov/billing/NPI.aspx?tab=6>

Future notifications regarding cutoff dates and changes associated with the new Medicaid claims processing system may be found at www.medicaid.alabama.gov. If you have questions regarding this delay, please contact the Provider Assistance Center at 1-800-688-7989.

In This Issue...

The New Medicaid Claims Processing System Date Has Been Postponed	1
Prior Authorization Criteria For Synagis	2
In-state Inpatient Hospital Claims Must Follow PHP Payment Guidelines	2
Hospice Palliative Drug List	2
PMP Disenrollment From Patient 1 st	3
Tamper Resistant Prescription Pads	3
State Fiscal Year 2007-2008 Checkwrite Schedule	4

Pass It On!

**Everyone needs to know
the latest about Medicaid.**

Be sure to route this to:

- ☐ Office Manager
- ☐ Billing Dept.
- ☐ Medical/Clinical Professionals
- ☐ Other _____

Prior Authorization Criteria for Synagis®

Alabama Medicaid has updated its prior authorization criteria for Synagis®. The approval time frame for Synagis® will begin October 1, 2007 and will be effective through March 31, 2008. A total of up to five (5) doses will be allowed per recipient in this timeframe. There are no circumstances that will allow for approval of a sixth dose. If a dose was administered in an inpatient setting, the date the dose was administered must be included on the request form. In addition, Medicaid accepts the following as risk factors for infants less than six (6) months old with gestational age of 33-35 weeks:

- Childcare attendance
- School-age siblings
- Congenital abnormalities of the airways
- Severe neuromuscular disease
- Exposure to environmental air pollutants (Environmental air pollutants will not include second-hand smoke. Environmental air pollutants must include instances where a child is constantly exposed to particulate air matter)

For approval of requests, the recipient must meet gestational and chronological age requirements. In order to meet chronological age requirements, the recipient must be the required age at the start of the RSV season.

Requests for Synagis® will be submitted on a separate prior authorization form and may be accepted beginning September 1, 2007. The form and complete updated criteria specific to Synagis® are available on our website at www.medicaid.alabama.gov under Programs: Pharmacy: Prior Authorizations/Override Criteria and Forms: Instruction Booklet for Form 369 and Form 351. Additional questions regarding Synagis® criteria can be directed to Health Information Designs at (800) 748-0130.



www.medicaid.alabama.gov

In-State Inpatient Hospital Claims Must Follow PHP Payment Guidelines

All in-state inpatient hospital claims follow Partnership Hospital Program (PHP) payment guidelines. PHP requires all claims to be filed by the last day of February of the following year.

The fiscal year begins October 1 and ends September 30. Listed below are examples of filing deadlines:

- Any inpatient claims with dates of service from October 1, 2006 through September 30, 2007 that are filed after February 29, 2008 will be denied by EDS as exceeding the PHP filing limit. Recipients may not be billed if a claim is denied for this reason.
- Any inpatient claims for **retroactive coverage** with dates of service from October 1, 2006, through September 30, 2007 that are filed after February 29, 2008 will be denied by EDS. Hospital must seek payment, if any, from PHPs. Recipients may not be billed if a claim is denied for this reason. However, a hospital that accepts a patient as private pay before rendering service is not obligated to bill Medicaid if the patient receives retroactive eligibility. In this case, the recipient may be billed.
- Any inpatient claims with dates of service from October 1, 2006 through September 30, 2007 that are filed after February 29, 2008 with **third party liability** action (either paid or denied) will be denied by EDS. The usual third party filing limits will not apply. Recipient may not be billed if a claim is denied for this reason.
- Any inpatient claims with dates of service prior to October 1, of the previous fiscal year are considered outdated. Recipients may not be billed.

Claims that span September 30, 2007 and October 1, 2007 must be split billed due to the PHP year-end.

Claims should be filed as soon as possible after the September 30, 2007, year-end.

Hospice Palliative Drug List

In an effort to support the coordination of care between a recipient's hospice provider and pharmacy provider, the Alabama Medicaid Agency has developed a Hospice Palliative Drug List (HPDL). The HPDL shall be used as a guide for drugs that may be associated with the patient's terminal illness.

1. Reimbursement for disease specific drugs related to the recipient's terminal illness is included in the per diem for hospice covered services. These drugs will not be reimbursed through the Medicaid Pharmacy Program.
2. Reimbursement for drugs not related to the recipient's terminal illness may be made to the dispensing pharmacy through the Medicaid Pharmacy Program. These drugs will not be reimbursed through the per diem for hospice covered services.
3. Retrospective audits of the hospice and pharmacy providers will be conducted to ensure appropriate billing has occurred.

Policy questions related to HPDL should be directed to Hospice Services at (334) 242-5018.

For information related to HPDL go to: http://www.medicaid.alabama.gov/documents/Program-LTC/3D-2c_14_Hospice-Palliative_Care_Drug_List-6-18-07.pdf

PMP Disenrollment From Patient 1st

The Agency has identified instances of Primary Medical Providers (PMPs) leaving their practice without notifying the Agency. This creates a hardship for recipients who are assigned to that provider and hinders their access to care. It is imperative for the Agency to be notified, through EDS, of any changes to the provider's enrollment status.

Please note the following when terminating or changing the status of your Patient 1st enrollment:

- The PMP's agreement to participate in the Patient 1st program may be terminated by either the PMP or Agency, with cause or by mutual consent; **upon at least 30 days written notice** and will be effective on the first day of the month, pursuant to processing deadlines. Failure to provide a 30 day notice may preclude future participation opportunities and/or recoupment of case management fees. The PMP should also notify the Agency of any and all changes to information provided on the initial application for participation. If such changes are not reported within 30 days of change, then future participation may be limited.

Health Care Close To Home

Patient 1st

A written request must be submitted by the PMP to Provider Enrollment at EDS with the effective date given. Patients will automatically be reassigned based on the following:

- If a PMP is leaving a group practice, then patients will be reassigned to a practitioner within the group; or
- If the remaining group practitioner does not want to assume the caseload, then patients will be assigned through the automated assignment process. For a short period of time, these patients will not be enrolled in the Patient 1st Program; or
- If the PMP has made arrangements with another practitioner to assume his/her caseload, then these specifics will be taken into consideration. The dis-enrollment notification must specify such arrangements.
- Additionally, the PMP must give written notice of termination of the contract, within 15 days after receipt of the termination notice by Medicaid, to each enrollee who received his or her primary care from, or was seen on a regular basis.

If you have questions about the above requirements contact Paige Clark, R.N. at (334) 242-5148. To contact EDS Provider Enrollment call (800) 362-1504.

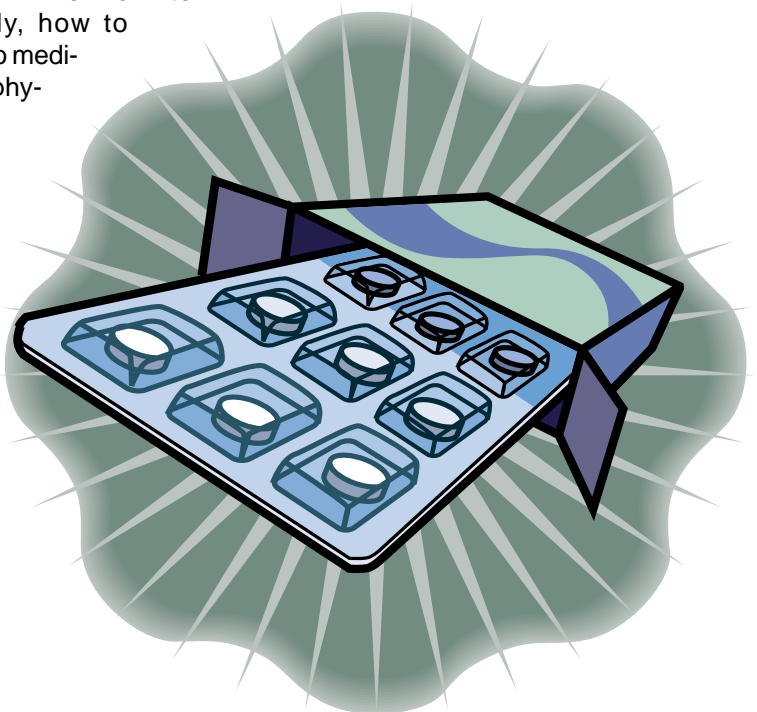
Tamper Resistant Prescription Pads

A provision of Public Law 110-28 (Iraq War Supplemental Appropriations bill) mandates that all non-electronic prescriptions provided to Medicaid recipients written on or after October 1, 2007 be written on tamper-resistant pads.

Alabama is taking immediate steps to determine how to comply with this federal law and most importantly, how to ensure that Medicaid recipients continue to have access to medically-necessary medications prescribed legally by their physicians.

Medicaid is coordinating with physician and pharmacy associations and conducting additional research to determine the necessary Administrative Code and Medicaid policy changes that need to be made to comply with the new federal law.

Updates regarding this new federal mandate and the Agency's response will be made available on the Agency's website at www.medicaid.alabama.gov and through the Pharmacy Program listserv. To subscribe to the Pharmacy listserv, visit the Agency website at www.medicaid.alabama.gov, click on Programs/Pharmacy Services/Click here to subscribe (on the right side of the screen) and follow the prompts to send a subscription email.



State Fiscal Year 2007-2008 Checkwrite Schedule

10/05/07	01/04/08	04/04/08	07/11/08
10/19/07	01/18/08	04/18/08	07/25/08
11/02/07	02/01/08	05/02/08	08/08/08
11/16/07	02/15/08	05/16/08	08/22/08
12/07/07	03/07/08	06/06/08	09/05/08
12/14/07	03/21/08	06/20/08	09/12/08

**Alabama
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